

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016398

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 170

FILED APR 16 1963

VS 300
Rev. 4/59

17005

27005

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		c. CITY OR TOWN Independence	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence Sanitarium		d. STREET ADDRESS (If outside, give location) 17204 Cheyenne Dr.	
3. NAME OF DECEASED (Type or print) First William Middle S Last Mashburn		4. DATE OF DEATH Month April Day 6 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-8-1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gustin-Bacon Mfg. Co		10b. KIND OF BUSINESS OR INDUSTRY Mfg.	
13a. FATHER'S NAME James Mashburn		13b. MOTHER'S MAIDEN NAME Ida Bell Davis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) WW I		17. INFORMANT Mrs. Opal Jeffery	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Artery Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 9 days	
DUE TO (b) Arterio Nephrosclerosis		Years	
DUE TO (c) General Arteriosclerosis		Years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bilateral Emphysema		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART-II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Independence, Missouri	
21. I attended the deceased from March 29, 1963 to April 6, 1963 and last saw him alive on April 6, 1963		Death occurred at 11:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Ethel Watson M.D.		22b. ADDRESS 500-501 First Nat'l Bank Bldg.,	
22c. DATE SIGNED 4/8/63		22d. LOCATION (City, town, or county) (State) Independence, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-9-1963	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington	
24. FUNERAL DIRECTOR Roland R. Speaks		25. DATE RECD. BY LOCAL REG. 4-9-63	
ADDRESS Independence, Mo.		26. REGISTRAR'S SIGNATURE Alba L. Craig	

USE BLACK INK

OR

TYPEWRITER RIBBON

APR 17 1963

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2002

4-9-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wayne Smith

Licensed Embalmer No. 5081

P. O. Address Independence, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

4-9-63